



MISSOURI DENTAL BOARD

Volume 7, Issue 1

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Mission of the Board

The Missouri Dental Board exists to protect and serve the public's interests in dentistry and to preserve the integrity of the dental profession.



President's Message

I am honored to be serving as the Missouri Dental Board's newest president. I can understand and appreciate the outstanding leadership provided by my predecessors in this position and will endeavor to do my best to follow their very capable lead. I look forward to working with my fellow Board members, licensees and other interested parties to fulfill the Board's mission of ensuring the public's health, safety and welfare is promoted and protected through our efforts.

Eric J. Aubert, D.M.D.

As was reported in our last newsletter, we had a very busy 2004 legislative session. House Bill No. 970 and Senate Bill No. 1122 passed and were signed into law. Changing the statutes are no easy task and the Missouri Dental Board appreciated all those individuals and organizations that supported these legislative efforts. The Board has re-printed our statutes and regulations and the complete text of all the updated statutes and regulations is available on-line. If you don't have access to the Internet, don't hesitate to contact the Board office to request a hard copy of the updated statutes and regulations. Please take time to review and familiarize yourself with the changes, which are outlined later in this newsletter, as they could directly affect your practice. Awareness of the statutes and regulations may save one of us the expense and embarrassment of failing to comply and that could result in discipline of a license.

I attended the annual meeting of the American Association of Dental Examiners (AADE) held in Orlando, Florida, on September 29th-30th. Hurricane Jeanne hit the Florida coast on the Sunday prior to the AADE meeting but the meeting went on as scheduled. The main topic of discussion at this year's meeting was the development of a national uniform dental and dental hygiene licensure examination. The Missouri Dental Board supports the concept of a national clinical licensure examination.

During my term as a Dental Board member, I have worked on the Board's Complaint Review Committee. Our committee reviews and evaluates all complaints filed with the Missouri Dental Board against licensed dentists and dental hygienists. In my experience, I have found that courtesy, professionalism and just treating your patients the way you would like to be treated as a patient could avoid some complaints that the Board receives. If you are contacted for a response to a complaint, you will be asked to provide a complete copy of the patient's records. Therefore, it is important to always maintain accurate and detailed records.

In This Issue...

President's Message	1-2
Dentists Recognized for 50 Years of Licensure.....	3
Give Kids A Smile Founders Honored	3
New Laws	4-7
Rule Changes.....	7-13
Proposed Rule Changes	14
Disciplinary Actions.....	14-15
Next Board Meeting	15
Moving?	16

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Continued from Page 1

The Board understands that mistakes and unfortunate outcomes are all part of the practice of dentistry but it is how these mistakes and unfortunate outcomes are handled that shows the character of the licensee. The Board also recognizes that sometimes relationships become irreconcilable, and the dentist and patient must part ways. If you wish to dismiss a patient from your dental practice, you should do so in writing and refund any fee received for unfinished treatment or make arrangements for the treatment to be completed by a dentist acceptable to the patient for no additional fee. We are fortunate to be able to regulate our own profession. Often we are criticized for our self-regulation so we look at every complaint seriously. If you are contacted by the Board and are asked to respond to a complaint, we ask that you take it seriously as well and provide a prompt response. Complaints are sometimes delayed by months because the licensee or a subsequent treating dentist does not respond. One of the changes in the new laws enacted on August 28th gave the Board subpoena authority. Although the Board is hesitant to use its subpoena authority, it is a resource when licensees fail to respond to complaints.

I hope you find the information that we provide in our newsletter beneficial. Please do not hesitate to contact me through the Board's office if you have any questions, or if the Board can be of any assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric J. Aubert".

Eric J. Aubert, D.M.D.
President



Dentists Recognized for 50 Years of Licensure



The Missouri Dental Board presented the following individuals with certificates of Achievement during a special ceremony: Dr. Floyd Jones, Jr., Dr. Calvin C. Lee; Dr. Robert Simon; Dr. Bob D. Swartz; and Dr. John E. Dietrich

At a special ceremony on Thursday, January 22, 2004, at the Missouri State Capitol in Jefferson City, five dentists were honored for maintaining a Missouri dental license for fifty years. Those honored were Dr. Floyd Jones, Jr. of Kennett; Dr. Calvin C. Lee of Chesterfield; Dr. Robert Simon of Clayton; Dr. Bob D. Swartz of Paris; and Dr. John E. Dietrich of Kansas City. These dentists were presented with Resolutions from both the House and Senate. A luncheon followed at the Missouri Dental Association headquarters. At the luncheon the Board presented each dentist with a Certificate of Achievement for their lifetime dedication to the dental needs of their patients. The Board is proud of the many accomplishments of these five dentists and the wealth of knowledge and skills they have achieved during the past five decades. The 2005 honorees will appear in the next publication of the Board's newsletter.

"Give Kids a Smile" Founders Honored

During the special ceremony on Thursday, January 22, 2004, at the Missouri State Capitol in Jefferson City, three individuals were honored for their part in the "Give Kids A Smile" program. The individuals honored (pictured here with the members of the Missouri Dental Board) are Dr. Jeffrey Dalin, Dr. B. Ray Storm, and Ms. Jan Storm. "Give Kids A Smile" is a very unique program developed in St. Louis. Its mission is to bring caring volunteers together for the purpose of delivering quality dental services to children who otherwise would not have access to the benefits of modern dentistry. Dr. Jeffrey Dalin, Dr. Ray Storm, and Jan Storm developed and implemented this program with the help of an outstanding core committee. The first "Give Kids A Smile" clinic took place on February 8-9, 2002. It has since become a nationwide project. The Board wishes to express its appreciation to all the volunteers that devote their time to this very important program.



The Missouri Dental Board presented Certificates of Achievement to the founders of the program. Pictured from left to right are: Dr. Jay Sheets, Ms. Patricia Lepp, Dr. Rolfe McCoy, Dr. Jeffrey Dalin, Dr. Eric Aubert, Ms. Jan Storm, Dr. Larry Jackson, Dr. B. Ray Storm, Ms. E. Maxine Thompson, and Dr. Fred Christman.

New Laws

On August 28, 2004, several new laws went into effect that changed the dental practice act (Chapter 332, RSMo).

A new section 332.032 authorizes the Board to subpoena witnesses and documents pertaining to the practice of dentistry. The complete text is as follows.

332.032. 1. Upon unanimous consent of the members of the board, the president or secretary of the board shall administer oaths, subpoena witnesses, issue subpoenas duces tecum, and require production of documents and records pertaining to the practice of dentistry. Subpoenas, including subpoenas duces tecum, shall be served by a person authorized to serve subpoenas of courts of record. In lieu of requiring attendance of a person to produce original documents in response to a subpoena duces tecum, the board may require sworn copies of such documents to be filed with it or delivered to its designated representative.

2. The board may enforce its subpoenas, including subpoena duces tecum, by applying to a circuit court of Cole County, the county of the investigation, hearing, or proceeding, or any county where the person resides or may be found, for an order upon any person who shall fail to obey a subpoena to show cause why such subpoena should not be enforced, which such order and a copy of the application therefore shall be served upon the person in the same manner as a summons in a civil action, and if the circuit court shall, after a hearing, determine that the subpoena should be sustained and enforced, such court shall proceed to enforce the subpoena in the same manner as though the subpoena had been issued in a civil case in the circuit court.

An amendment to Section 332.051 increases the duties of the investigators employed by the Board including the right to inspect, on order of the Board, **"any person licensed to practice dentistry or entity permitted to provide dental services in this state, including all facilities and equipment related to the delivery of dental care or the fabrication or adjustment of dental prostheses and all clinical and administrative records related to the dental care of patients"** with respect to violations of the provisions of this chapter.

A new section 332.069 prohibits the unauthorized practice of dentistry across state lines and defines the practice of dentistry across state lines. The complete text is as follows.

332.069. 1. Any person or entity not licensed to practice dentistry in Missouri shall not engage in the practice of dentistry, as defined in section 332.171, across state lines except as provided in this section.

2. For purposes of this chapter, the "practice of dentistry across state lines" means:

(1) The rendering of any written or otherwise documented dental opinion concerning the diagnosis or treatment of a patient within this state by a dentist located outside this state as a result of transmission of individual patient data by electronic, telephonic, or other means from within this state or any other state to such dentist or dentist's agent; or

(2) The rendering of treatment to a patient within this state by a dentist located outside this state as a result of transmission of individual patient data by electronic, telephonic, or other means from within this state or any other state to such dentist or dentist's agent.

3. A dentist located outside this state shall not be required to obtain a license in this state when:

(1) A consultation is requested by a licensed dentist in this state who retains ultimate authority and responsibility for the diagnosis or treatment of a patient located within this state; and

Continued on Page 5

Continued from Page 4

(2) The consultation request is not due to a contractual agreement to authorize or request consultations from a person or entity not licensed to practice dentistry in Missouri; or

(3) Evaluating a patient or rendering an oral, written, or otherwise documented dental opinion when providing testimony or records for the purpose of any civil or criminal action before any judicial or administrative proceeding of this state or other forum in this state.

An amendment to Section 332.071 further defines the practice of dentistry as someone who **"Controls, influences, attempts to control or influence, or otherwise interferes with the dentist's independent professional judgment regarding the diagnosis or treatment of a dental disease, disorder, or physical condition except that any opinion rendered by any health care professional licensed under this chapter or chapter 330, 331, 334, 335, 336, 337, or 338, RSMo, regarding the diagnosis, treatment, disorder, or physical condition of any patient shall not be construed to control, influence, attempt to control or influence or otherwise interfere with a dentist's independent professional judgment"**.

Section 332.081 has been amended to allow not-for-profit corporations to provide dental services if such corporation employs personnel licensed in Missouri and serves certain low-income populations. It prohibits the corporation's interference with a licensed dentist's professional judgment and requires the corporation to apply for a permit from the Missouri Dental Board. The Board cannot charge a fee for the issuance or renewal of the permit and federally qualified health centers are exempt from the permit requirements but must register with the Board. The registration must be renewed every two years and all licensed persons employed by such health center must certify in writing to the Board at the time of issuance and renewal of the registration that the facility of the health center meets the same operating standards regarding cleanliness, sanitation, and professionalism as would the facility of a dentist licensed by the Board. The Board has the authority to promulgate rules to ensure that not-for-profit corporations are rendering care to only low-income populations. Such rules can include requirements that not-for-profit corporations report patient census data to the Board. This does not apply to federally qualified health centers. The Board also has the ability to discipline not-for-profit corporations that serve certain low-income populations for violations of Chapter 332, RSMo. Federally qualified health centers are exempt from the disciplinary provisions of Section 332.321, RSMo.

Section 332.086 was amended to allow the Board to pay a per diem to the members of the Missouri Advisory Commission for Dental Hygienists. The per diem cannot exceed \$50 per day for each day devoted to the duties of the Commission.

Section 332.111 was amended to prohibit the unlicensed practice of dental hygiene the same as the unlicensed practice of dentistry.

Section 332.121 was amended to grant the Board the authority to seek injunctive relief against a person, corporation or other entity for engaging in unlicensed practice activities or engaging in a practice or business that presents a substantial probability of serious danger to the health, safety or welfare of the public or for directing, interfering with, or attempting to direct or interfere with a licensed dentist's professional judgment or competent practice of dentistry.

A new Section 332.122 establishes that the determination of whether a service provided to a patient is covered or reimbursable under the terms of a health benefit or dental benefit plan is not the practice of dentistry and is not subject to the Dental Practice Act. The complete text is as follows.

332.122. 1. The determination of whether a service provided to a patient is covered or reimbursable under the

Continued on Page 6

Continued from Page 5

terms of a health benefit or dental benefit plan and the creation and management of a health care provider network are:

(1) Deemed not to be the practice of dentistry or other profession governed by this chapter; and

(2) Not in any way subject to the provisions of this chapter.

2. Claims, records, and documents pertaining to the operations of a health carrier, health benefit plan, dental benefit plan, or health care provider network are not clinical and administrative records under section 332.051.

3. Nothing in subsection 1 or 2 of this section shall be construed as affecting the obligations of a health carrier, under chapters 354 and 376, RSMo, as health carrier is defined in section RSMo.

An amendment to Section 332.171 implements several changes to the laws regarding specialty licensure. The most significant change being the elimination of the Board's specialty examination. If a currently licensed dentist in Missouri has been certified in an approved specialty by an examining board recognized by the American Dental Association, or has completed a dental specialty program accredited by the Council on Dental Accreditation, the board shall issue a specialty license upon a completed application for specialty licensure. The new law also authorizes the Board to issue a specialty license by credentials.

Amendments to Sections 332.171 and 332.261 clarifies that continuing education is a requirement for renewal of licenses for dentists and dental hygienists. The Board now has the authority to either waive or extend the time requirements for completion of the continuing education requirements for reasons related to health, military service, foreign residency or for other good cause. There is now just one inactive status for dentists and dental hygienists. If the license is not renewed by the renewal date for any reason, it becomes inactive and the dentist and dental hygienist have four years from the date the license expired to renew. To renew an expired license, the dentist or dental hygienist must make up all continuing education hours the same as if the license was maintained in an active status and pay the current renewal fee and the penalty fee for late renewal. If the license is not renewed within that four year period, it becomes void.

Section 332.321 was amended to grant the Board authority to request an expedited hearing before the Administrative Hearing Commission if the Board believes that a dentist or dental hygienist has committed an act or is engaging in a course of conduct that is grounds for disciplinary action and constitutes a clear and present danger to the public health and safety. The Administrative Hearing Commission has fifteen days to schedule the hearing to determine whether the alleged conduct of the dentist or dental hygienist appears to constitute a clear and present danger to the public health and safety that justifies the immediate restriction or suspension of the dentist's or dental hygienist's license. If the Administrative Hearing Commission grants the Board the temporary authority to restrict or suspend a dentist's or dental hygienist's license, the dentist or dental hygienist may request a full hearing before the Administrative Hearing Commission. That hearing must be set within ninety days from the date of the Administrative Hearing Commission's decision to temporarily restrict or suspend the license.

The entire section 332.341 was deleted because it is language that is no longer necessary and it conflicts with the Board's ability to settle cases informally.

A new Section 332.362 clarifies the Board's authority to require sedation or anesthesia permits. The complete text is as follows.

332.362. 1. All duly registered and currently licensed dentists in Missouri who prescribe and administer deep sedation or general anesthesia agents in the course of providing dental services shall possess a deep sedation or general anesthesia permit issued by the board. All duly registered and currently licensed dentists in Missouri who

Continued on Page 7

Continued from Page 6

prescribe and administer conscious sedation agents in the course of providing dental services shall possess a conscious sedation permit issued by the board.

2. Dentists prescribing or administering deep sedation or general anesthesia or conscious sedation agents shall do so in accordance with rules set forth by the board.

3. Any dental office where deep sedation or general anesthesia or conscious sedation agents are administered shall possess a site certificate issued by the board and comply with the board's minimum standard for site certificates.

4. The board may promulgate rules specifying the criteria by which deep sedation or general anesthesia permits, conscious sedation permits, and site certificates may be issued, renewed, or revoked and standards for prescribing and administering deep sedation or general anesthesia or conscious sedation agents within the dental setting. Such rules shall only apply to entities regulated under this chapter.

5. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are non-severable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2004, shall be invalid and void.

Rule Changes

The following rules have been amended or implemented since the publication date of the Board's last newsletter.

4 CSR 110-2.111 Addressing the Public - Dental Hygienists

This is a new rule implemented on December 30, 2004. The entire text is printed here.

4 CSR 110-2.111 Addressing the Public-Dental Hygienists

PURPOSE: This rule regulates the manner in which dental hygienists may advertise.

(1) For the purpose of these rules, advertising shall mean any communication, whether oral or written, between a dental hygienist or other entity acting on behalf of one (1) or more dental hygienists and the public. It shall include, but not be limited to: business cards, signs, insignias, letterheads, web pages, Internet communications, radio, television, newspaper and magazine ads, and display or group ads or listings in telephone directories, or both.

(2) Any advertising engaged in by a duly registered and currently licensed dental hygienist in Missouri shall be in compliance with the provisions set out in section 332.321.2(14), RSMo.

(3) A duly registered and currently licensed dental hygienist in Missouri shall not use or participate in the use of any advertising containing a false, fraudulent, misleading, deceptive or unfair statement or claim.

(4) No duly registered and currently licensed dental hygienist in Missouri shall directly advertise his or her dental hygiene services to the public unless said hygienist is practicing in a public health setting without the supervision of a dentist pursuant to section 332.311.2, RSMo. All duly registered and currently licensed dental hygienists in Missouri who are employed by and/or working under the supervision of a duly registered and currently licensed dentist in Missouri shall have their names and/or dental hygiene services, including fees for services, advertised to the public only through advertising engaged in by their employing or supervising dentist.

Continued on Page 8

Continued from Page 7

(5) No duly registered and currently licensed dental hygienist in Missouri who has or is about to change employers shall be permitted to contact the patients of the employer s/he is leaving or has left for the purpose of soliciting those persons to become patients of the employer s/he is joining or has joined.

(6) Any dental health article, message or newsletter published under a dental hygienist's byline to the public without making truthful disclosure of the source and authorship, or designed to give rise to questionable expectations for the purpose of inducing the public to utilize the services of the sponsoring dental hygienist and/or the dentist who employs and/or supervises the hygienist shall be deemed to be a false, misleading or deceptive representation to the public.

(7) Failure to comply with this rule will subject the holder of a certificate of registration and license to practice dental hygiene in this state to disciplinary action in accordance with section 332.321.2(6)-(14), RSMo.

(8) The provisions of this rule are declared severable. If any provision of this rule is held invalid by a court of competent jurisdiction, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction to be invalid.

AUTHORITY: sections 332.311 and 332.321, RSMo Supp. 2003.* Original rule filed June 25, 2004, effective Dec. 30, 2004.

*Original authority: 332.311, RSMo 1969, amended 1997, 2001 and 332.321, RSMo 1969, amended 1978, 1981, 1983, 1999, 2001, 2004.

4 CSR 110-2.130 Dental Hygienists

This rule was amended on November 30, 2004 to eliminate the notary requirement on proof of competency documentation for nitrous oxide analgesia permit applications and local anesthesia permit applications.

Chapter 3 - Well-Being Rules

These rules were implemented on September 30, 2004. The entire text of the rules is printed here.

4 CSR 110-3.010 Definitions

PURPOSE: This rule provides definitions for specific terms used throughout the rules.

(1) Board - Missouri Dental Board.

(2) Committee board of directors - Composed of one (1) member designated by the Missouri Dental Association, one (1) member designated by the Missouri Dental Hygienists' Association, one (1) member designated by the Missouri Dental Board, and the committee administrator to promote the early identification, intervention, treatment and rehabilitation of dentists or dental hygienists who may be impaired by reasons of illness, substance abuse, or as a result of any physical or mental condition.

(3) Committee administrator - The person(s) who is hired, appointed or contracted with by the committee with the approval of the board to coordinate the activities of the committee.

(4) Contractor - A nonprofit corporation or dental association with whom the board contracts for the purpose of creating, supporting and maintaining the committee.

(5) Dental professional - Dentist or dental hygienist licensed in the state of Missouri and a dentist or dental hygienist who has applied for licensure in the state of Missouri.

Continued on Page 9

Continued from Page 8

(6) Impairment-An illness, substance abuse or physical or mental condition suffered by a dentist or dental hygienist that is reasonably related to the practice of dentistry or dental hygiene.

AUTHORITY: sections 332.031.3, RSMo 2000 and 332.327, RSMo Supp. 2003.* Original rule filed March 15, 2004, effective Sept. 30, 2004.

*Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995 and 332.327, RSMo 1999 amended 2002, 2003.

4 CSR 110-3.020 Membership and Organization

PURPOSE: This rule establishes the membership and organization of the Well-Being Committee.

(1) The Well-Being Committee (hereinafter committee) shall be composed of:

- (A) One (1) member designated by the Missouri Dental Association;
- (B) One (1) member designated by the Missouri Dental Hygienists' Association;
- (C) One (1) member designated by the Missouri Dental Board; and
- (D) The committee administrator.

(2) The committee shall serve staggered three (3)-year terms and shall serve as many terms as their respective organizations deem appropriate. The entity designating a member to the committee shall designate a person to finish the three (3)-year term of any member of the committee who becomes unable to serve. The committee shall annually elect a chairperson.

(3) The committee shall meet at least two (2) times annually.

(4) The committee shall serve without compensation other than that allowed by law for service as a board member. Each member of the committee shall be entitled to reimbursement for travel expenses as deemed appropriate by the board.

(5) The committee shall oversee all aspects of the general operation of the contractor including, but not limited to, oversight of the administration, staffing, financial operations and case management as it pertains to the Well-Being Program.

(6) The committee, with the approval of the board, shall appoint, hire or contract with a committee administrator to oversee and manage the day-to-day operations of the committee.

(7) The committee administrator shall be a nonvoting member of the committee.

AUTHORITY: sections 332.031.3, RSMo 2000 and 332.327, RSMo Supp. 2003.* Original rule filed March 15, 2004, effective Sept. 30, 2004.

*Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995 and 332.327, RSMo 1999 Amended 2002, 2003.

4 CSR 110-3.030 Well-Being Committee/Contractor Duties

PURPOSE: This rule establishes the duties of the Well-Being Committee and contractor.

(1) The committee/contractor shall provide a written and oral report to the Missouri Dental Board at each quarter-

Continued on Page 10

Continued from Page 9

ly board meeting or upon request of the board. The report shall outline the status of each impaired dental professional referred to the committee by the board in such detail as requested by the board. The identity of the dental professionals who voluntarily submit to the committee/contractor shall remain anonymous for purposes of these reports.

(2) The committee/contractor shall provide written and oral reports to the Missouri Dental Board, including quarterly income and expense reports. These reports must be itemized and account for all income from any and every source and each expense to any and every vendor that relates to the Well-Being Program in any way.

(3) The committee/contractor shall enter into written contracts with each impaired dental professional. The contract between the committee/contractor and the dental professional shall include, but not be limited to, the following:

(A) Each contract shall be a minimum of five (5) years in duration;

(B) Each impaired dental professional will abstain from the possession or consumption of controlled substances except as prescribed by a treating physician;

(C) Each impaired dental professional shall abstain from the possession or consumption of alcohol or illegal drugs;

(D) Each impaired dental professional shall submit to random drug testing unless otherwise specified by the board;

(E) Each impaired dental professional shall report all relapses to the committee;

(F) Upon request of the committee, each impaired dental professional shall report to the committee;

(G) Each impaired dental professional shall attend support meetings as requested by the committee or treatment providers;

(H) Each impaired dental professional referred to the Well-Being Program by the board shall authorize the committee to release any and all information regarding the impaired dental professional to the board;

(I) Each impaired dental professional voluntarily enrolled in the Well-Being Program shall authorize the committee to release any and all information regarding the impaired dental professional to the board upon a violation of Chapter 332, RSMo or the rules promulgated pursuant thereto or the contract with the committee;

(J) Each impaired dental professional shall be financially responsible for all drug screens and any other professional or administrative service rendered on behalf of the impaired dentist or dental hygienist; and

(K) The following paragraph shall be contained in each written agreement:

1. In consideration of my being allowed to participate in the Well-Being Program I expressly release the contractor, the committee, and the Missouri Dental Board and all of their employees, board members, agents and independent contractors from any and all claims, whether now existing or hereafter arising, related to or arising from my participation in the Well-Being Program or any services provided to me thereunder, including but not limited to claims that I might hereafter assert that the contractor, the committee, or Missouri Dental Board, any of the agents or independent contractors, board members or employees were negligent or that any of said persons or entities committed any acts of omission or commission that I claim are or were negligent or that I claim were acts of professional malpractice, it being the intent hereof that I will be forever barred from asserting any such claims hereafter. In the event I hereafter assert any such claim, I agree that such assertion will disqualify me from further participation in the Well-Being Program and that the committee will be absolutely entitled to discharge me from said program.

(4) The committee/contractor shall provide services when appropriate to impaired dental professionals which include, but are not limited to, the following:

(A) Monitoring compliance of the contract between the committee and the impaired dental professional;

(B) Executing drug screens;

(C) Assisting the impaired dentist or dental hygienist in obtaining evaluation and treatment;

(D) Requiring evaluators to provide written reports which address whether a member of the Well-Being Program suffers from an impairment, identifies the impairment, provides recommendations for treatment of the impairment and whether the members' practice of dentistry or dental hygiene should be restricted due to the impairment; and

(E) The committee shall require the costs of drug screens and professional and administrative services to be paid by the impaired dentist or dental hygienist.

Continued on Page 11

Continued from Page 10

(5) The committee/contractor shall report, in writing, to the Missouri Dental Board all violations of board disciplinary orders or the Dental Practice Act which occur after the date of the disciplinary order or the date of the dental professional entering the Well-Being Program, whichever occurs first. All violations shall be reported promptly but no later than ten (10) days after obtaining knowledge of the violation.

(6) The committee/contractor shall assist the board in carrying out the terms of any disciplinary order pertaining to an impaired dental professional.

(7) The committee/contractor shall obtain a written release from all dental professionals referred to the Well-Being Program by the board. The release shall authorize the committee/contractor to release all information and documents pertaining to the dental professional to the board and committee and to communicate all information regarding the impaired dental professional to the board and committee.

(8) The committee/contractor shall provide the Missouri Dental Board access to all information and documents pertaining to impaired dental professionals referred to the Well-Being Program by the board.

(9) The contractor shall require the committee administrator to supply information and documentation with regard to the identification, intervention, treatment and rehabilitation of all dental professionals who participate or are assisted by the Well-Being Program to the committee as directed by the committee.

(10) The contractor shall require the committee administrator to supply all reports provided the Missouri Dental Board to the committee. The contractor shall provide all reports, including reports on dental professionals who participate in or are assisted by the Well-Being Program, and fiscal reports to the committee as directed by the committee. The information and documentation as described herein shall only be released to the board pursuant to Chapter 332, RSMo and the rules promulgated thereto.

(11) The contractor shall require the committee administrator to provide the committee with all information on dental professionals participating in or assisted by the contractor as directed by the committee.

(12) The committee/contractor shall prepare and implement an action plan and budget as directed by and approved by the board. The committee/contractor shall report on progress with regard to preparing and implementing the action plan and budget as directed by the board and committee.

(13) The committee/contractor shall require the committee administrator to submit progress reports to the committee and the Missouri Dental Board with regard to each dental professional participating in the Well-Being Program upon the dental professional's completion of the program, prior to June 30 of each year, quarterly prior to each meeting of the board and as otherwise requested by the committee or board. Reports of those voluntarily participating in the program shall be for statistical purposes only.

(14) The contractor shall coordinate activities of the committee, oversee and manage the daily operations of the committee and assist with the administrative duties of the committee.

AUTHORITY: sections 332.031.3, RSMo 2000 and 332.327, RSMo Supp. 2003.* Original rule filed March 15, 2004, effective Sept. 30, 2004.

*Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995 and 332.327, RSMo 1999 amended 2002, 2003.

4 CSR 110-3.040 Confidentiality

PURPOSE: This rule establishes the guidelines regarding the confidentiality of the records and information of the impaired professional.

Continued on Page 12

Continued from Page 11

(1) The committee shall provide the board access to all information pertaining to each impaired dental professional referred to the committee by the Missouri Dental Board.

(2) The committee shall obtain a written release from each impaired dental professional in the Well-Being Program authorizing the release of all information and documents pertaining to the impaired dental professional to the Missouri Dental Board authorizing the committee to communicate all information pertaining to the impaired dental professional to the Missouri Dental Board. The information and documentation as described herein shall only be released to the board pursuant to Chapter 332, RSMo and the rules promulgated thereto.

(3) The board and committee may exchange privileged and confidential information, interviews, reports, statements, memoranda and other documents including information on investigations, findings, conclusions, interventions, treatment, rehabilitation and other proceedings of the board and committee and other information closed to the public to promote the identification, interventions, treatment, rehabilitation and discipline (accountability) of dentists or dental hygienists who may be impaired.

(4) All privileged and confidential information and other information not considered to be public records or information pursuant to Chapter 610, RSMo shall remain privileged and confidential and closed to the public after such information is exchanged.

AUTHORITY: sections 332.031.3, RSMo 2000 and 332.327, RSMo Supp. 2003.* Original rule filed March 15, 2004, effective Sept. 30, 2004.

*Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995 and 332.327, RSMo 1999 amended 2002, 2003.

4 CSR 110-3.050 Committee Administrator

PURPOSE: This rule establishes the qualifications and duties of the committee administrator.

(1) The committee administrator shall possess a combination of education and experience in the area of addiction counseling and be licensed in Missouri as a psychologist, professional counselor or clinical social worker.

(2) The committee administrator shall be familiar with dental professionals suffering from well-being issues which include, but shall not be limited to, the following:

- (A) Dependency;
- (B) Alcohol addiction;
- (C) Drug addiction;
- (D) Other addictive diseases (gambling, sexual, spending, eating disorders);
- (E) Physical issues; and
- (F) Mental health issues.

(3) The duties of the committee administrator shall include, but not be limited to, the following:

- (A) Organizing and carrying out interventions;
- (B) Referring dental professionals for appropriate treatment;
- (C) Monitoring treatment progress including random drug screens;
- (D) Assisting dental professionals to reenter practice from treatment;
- (E) Assisting with aftercare issues, such as practice restructuring; and
- (F) Any and all reporting of these areas to appropriate agencies.

(4) The committee administrator shall provide the following as directed by the committee:

Continued on Page 13

Continued from Page 12

- (A) Program development;
 - (B) Outreach education;
 - (C) Intervention;
 - (D) Assessment;
 - (E) Referrals to treatment programs;
 - (F) Case management;
 - (G) Monitoring;
 - (H) Aftercare contracts;
 - (I) Coordinate peer assistance meetings; and
 - (J) Other necessary services as determined by the committee.
- (5) The committee administrator shall supply information and documentation with regard to the identification, intervention, treatment and rehabilitation of all dental professionals who participate or are assisted by the Well-Being Program to the committee as directed by the committee.
- (6) The committee administrator shall supply all reports provided the Missouri Dental Board to the committee. The contractor shall provide all reports, including reports on dental professionals who participate in or are assisted by the Well-Being Program, and fiscal reports to the committee as directed by the committee.
- (7) The committee administrator shall provide the committee with all information on dental professionals participating in or assisted by the contractor as directed by the committee.
- (8) The committee administrator shall submit progress reports to the committee and the Missouri Dental Board with regard to each dental professional participating in the Well-Being Program upon the dental professional's completion of the program, prior to June 30 of each year, quarterly prior to each meeting of the board and as otherwise requested by the committee or board. Reports of those voluntarily participating in the program shall be for statistical purposes only.

AUTHORITY: sections 332.031.3, RSMo 2000 and 332.327, RSMo Supp. 2003.* Original rule filed March 15, 2004, effective Sept. 30, 2004.

*Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995 and 332.327, RSMo 1999 amended 2002, 2003.



Proposed Rule Changes

The Board is proposing significant changes to the rules on sedation dentistry. These rules are expected to be implemented at the end of April, 2005. The entire text of the new rules was mailed earlier in a separate mailing. Please review the full text of the rules and proceed accordingly.

To highlight some of the changes, dentists will be required to obtain a permit to administer enteral conscious sedation. A permit will not be required to prescribe or administer drugs for anxiolysis and/or pain control. To qualify for a permit, the dentist must attend an enteral conscious sedation course approved by the Board and document completion of an Advanced Cardiac Life Support (ACLS) course, or a minimum of fifteen (15) hours of other board-approved continuing education pertaining to medical emergencies, anesthesia complications, or patient management while under sedation.

Another significant change is that dental offices will also be permitted to be sites for enteral conscious sedation. To qualify for the site permit, the conscious sedation team members (two (2) minimum) and the dentist must possess and maintain current certification in cardiopulmonary resuscitation (CPR), basic life support (BLS), or ACLS. Additionally, all conscious sedation team members, including the dentist, must possess certification from a board approved course provider in monitoring conscious sedation. The dental office must also be properly equipped and have written protocols for sedation of dental patients.

Disciplinary Actions

The following report on disciplinary actions is for the period March 1, 2004 through December 31, 2004. The report typically includes several provisions in its orders, which may not be summarized here. Although great care has been taken to ensure accuracy of the information provided hereafter, inadvertent errors may appear, and no entity should initiate any adverse action against a dentist, dental specialist, or dental hygienist based solely on the following information. Rather, the reader should request a copy of the Board's Order prior to making any decisions affecting licensees. This listing may not reflect appeals filed after the publication of this newsletter.

Donald T. Roberts, D.D.S., license number 012542, of St. Joseph, was placed on five (5) years probation effective April 16, 2004 to April 16, 2009, for violations of Section 332.321.2 (5), (13) and (20), RSMo.

Patricia Macy, R.D.H., license number 001872, of Overland Park, Kansas, was placed on suspension for two (2) weeks effective April 16, 2004 to April 30, 2004, followed by three (3) years probation ending on April 24, 2007, for violations of Section 332.321.2 (3), (5), (6), (11), and (13), RSMo.

Mark Adams, D.M.D., license number 013862, of Cape Girardeau, was revoked effective May 3, 2004 for violations of Section 332.321.2(5), (6), (13), and (15), RSMo.

Anthony Gadbois, D.D.S., license number 2000158123, of Columbia, was placed on five (5) years probation effective May 3, 2004 to May 3, 2009 for violations of Section 332.321.2 (14), RSMo.

Continued on Page 15

Continued from Page 14

Mary Gadbois, D.D.S., license number 2000158124, of Columbia, was placed on five (5) years probation effective May 3, 2004 to May 3, 2009 for violations of Section 332.321.2 (14), RSMo.

Paul A. Bonstead, D.D.S., license number 011066, of O'Fallon, was suspended for 180 days effective May 1, 2004 to October 27, 2004, followed by five (5) years of probation ending on October 28, 2009 for violation of a previous disciplinary order.

C. Thomas Howard, D.D.S., license number 012909, of Washington, was suspended for 365 days effective May 1, 2004 to May 1, 2005, followed by five (5) years of probation ending on May 2, 2010.

Scott A. Schlagenhauff, D.D.S., license number 015649, of Columbia, was revoked for violations of the terms of his May 31, 2002 settlement agreement with the Board.

Philip C. Jaynes, D.D.S., license number 011954, of Columbia, was suspended for three (3) months and placed on probation for five (5) years effective August 27, 2004 to November 27, 2009 for violations of Sections 332.361, RSMo and 195.070.1, RSMo.

Walter W. Autry, D.D.S., license number 014687, of Monett, was placed on five (5) years probation effective September 28, 2004 to September 28, 2009 for violations of the terms of his previous disciplinary order. Note: Dr. Autry's discipline was reported in the last newsletter. The discipline was appealed, and this is the discipline based on a settlement agreement between the two parties.

Sheila Hooper, R.D.H., license number 003749, of Lee's Summit, was placed on suspension from January 10, 2005 to March 2, 2005 for violation of HB 600, Section 324.010, RSMo.

Elizabeth Reagan, R.D.H., license number 002852, of Poplar Bluff, was placed on two (2) weeks suspension beginning February 27, 2005 to March 13, 2005, followed by five (5) years probation ending on March 14, 2010 for violations of Section 332.321.2 (5) and (13).

William J. Friend, D.D.S., license number 010133 of Kansas City, was placed on two (2) years probation beginning February 24, 2005 and ending on February 24, 2007 for violations of Section 332.321.2 (15).

Next Board Meeting

The next meeting of the Missouri Dental Board is scheduled on April 21-23, 2005. The meeting will be held at the Country Club Hotel at Lake Ozarks, Missouri. The open meeting is scheduled on Saturday, April 23rd, beginning at 8:00 a.m.

The meeting schedule for the remainder of 2005 is as follows:

July 21-23, 2005 - St. Louis, Missouri

October 13-15, 2005 - Kansas City, Missouri

The open meetings are on Saturday mornings beginning at 8:00 a.m. Licensees who attend the open session of the Missouri Dental Board's quarterly meetings will receive two hours of continuing education credit per meeting.

For further information regarding meeting times and locations, please feel free to contact the Board's central office as it gets closer to the meeting date, or visit our web site. The address is on the inside cover of this newsletter.



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